

Vaccine Administration Monthly Report For All Providers

PROVIDER NAME/FACILITY: _____
REPORT PERIOD (MONTH): _____
PERSON REPORTING: _____
PHONE: _____

Submission of this report is mandatory in order to request vaccine.
 No vaccine will be shipped until this report is on file at the State
 Health Department.

PROVIDER ID NUMBER _____

Number of doses of Vaccine Administered by Age Group															
Vaccine	< 1	1	2	3-4	5	6-9	10-14	15-19	20-24	25-44	45-64	65 +	Unknown	Total	Number of Doses in Current Inventory
DTaP or DT															
DTaP/HepB/ IPV															
Hep A															
Hep B															
Hib															
Influenza															
IPV															
Meningococcal															
MMR															
MMRV															
PCV-7															
PPV-23															
Rotavirus															
Td															
Tdap															
Varicella															

- This report is due at the State Health Department before vaccine orders can be processed.
- Record each dose of vaccine given according to the type and the recipient's age.
- Total all age groups by antigen type and record.
- Record the number of doses of each antigen type that is in storage on the last day of the month under Current Inventory.
- This monthly report is mandated for documenting accountability of antigens purchased with public funds.

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